

# Underground Storage Tank



DEPT OF ECOLOGY

Toxics Cleanup Procher those activities which apply:

Tightness Testing Checklist

D Retrofit/Repairchecklist

Cathodic Protection Check list

The attached Underground Storage Tank (UST) checklists are required for each of the listed activities. The checklists PA - WOO certify that Tightness Testing, Retrofit/Repair and/or Cathodic Protection activities are performed and conducted in accordance with Chapter 173.360 WAC. Complete this form and the corresponding UST checklist for each activity checked above.

## See back of form for instructions.

COLONIA VALUE COLONIA	455 n Master Business License)	Site ID Number: N/A (Available from Ecology if tank is registered)
Site/Business Name:	RH Smith Distributing Smitty's 140	
Site Address	102 E. Toppenish Avenue	
	Street Toppenish V	County VA 98948
Telephone:	City State 509-865-5909	Др+4 (required)
UST Owner/Operator:	RH Smith Distributing	
Mailing Address	PO Box 6 Street	P.O. Box
	Grandview	WA 98930-0000
Telephone:	City State 509 882 3377	Zip+4 (required)
2 FIRM PER FORMING WO	Northwest Tank & Enviro	nmental Services, Inc.
Service Co. Address:	17407 59th Ave SE	Snohomish
	Street Snohomish Washington	County 98926
Certified Supervisor:	City State James Han	Zip+4 (required)
Address	17407 59th Ave SE	
	Street	P.O. Box
-	Snohomish Washington	98926 Zp+4 (required)
IECL Cortification Number	City State	Certification issue Date (Month/Year): 08/24/2007
IFCI Certification Number:		00124/2007
Telephone:	(425) 742-9622	

Ecology is an equal apportunity and affirmative action employer For special accommodation needs, please contact the Underground Storage Tanks Section at (360) 407-7 170.

# Underground Storage Tank Tightness Testing Checklist

Site ID#	N/A
Site Address	102 E. Toppenish Avenue
Site Address	

Form ore than four UST syst	ems, you may photocopy this form prio	r to completin	ng.
. TIGHTNESS TESTING METHOD	Date of Test	01/22/2009	
1 Tight ness testing method(s) used (in Test method name/version/Manfactu		was used):	
Tea member ramer version in warracte	Accurite Training and Services Corp	40	
in the second se			
are used, the tank must be; 1) filled w	ict level limited by the overfill prevention tested up to the 95% full level. When i with product to the 95% full level or 2) th nonvolumetric method which meets perf	underfill volun e portion of th	netric testing methods ne tank above the
2 Indicate the method used to determine if groundwe for single wall tanks): N/A	nter was present above the bottom of the tan	k during the tes	d (required
3 Method used for release detection:	4 Reason for conducting ti	ghtne ss te st	
SIR	Required Release Detection	Method	
5 Type of test conducted:	6 Test method type:		
Lines Only	Volumetric		
			*
TEST METHOD CHECKLIST			
The following items shall be initialed by the Cer	tified Supervisor whose signature appe		
1. Has the tightness testing method used been destandard specified in the UST rules for the co-conducted? (e.g., detecting a 0.10 gallon perdetection of at least 95% and a probability of	nditions under which the test was hour leak rate with probability of	Yes	No/NA Initials
<ol> <li>Have all written testing procedures developed equipment and method been followed while the</li> </ol>		Yes	James Har
<ol> <li>Was the product level in the tank during the te methods perform ance standards?</li> </ol>	est within the limitations of the test	N/A	James Hon
<ol> <li>If groundwater was present above the bottom procedures accounted for its presence? (requi</li> </ol>		N/A	James Hon
5. If the tightness test is considered a faile d test, notified of the test results? (Note: Tank own as a suspected release within 24 hours to UST	er mustreport a failed tightness test	N/A	Amis Nov

SteID#	N/A
SteAddres	102 E. Toppenish Avenue
City	Toppenish

# Tightness Testing Checklist (continued)

### III. TANK INFORMATION CHECKLIST

		I				T	
1.	Tank ID# (tank name registered with Ecology)	1	2	3			
	Date installed						
3.	Tank capacity in gallons	8000	6000	4000			
4.	Last substance stored	Regular	Regular	Premium			
5.	Number of tank compartments	1	1	1			
6.	Tank type: (S) single wall; (D) double wall; (P) partitioned	sw	sw	sw			
7.	Is overfill device present? (Yes/No)	Drop Tube	Drop Tube	Drop Tube			
	Tank ID Associated to each Tank Test						
8.	Percentage of product in tank during test? (Volum e % must comply with test method certification requirem ents)						
9.	The test m ethod used can detect a leak of how m any GPH?	.05	.05	.05	.05	. 05	.05
10.	The numerical tank test results are? (In gallons per hour)						
11.	Based on evaluating test results and conducting any retesting as necessary as per test protocol to obtain conclusive test results; the test results are?						

### IV. Line and Leak Detector Information

	Tank ID Associated to ea	ach Line	1		
1. Piping type:	(S) single wall; (D) do	ouble wall	Single		
2. Pump type:	(T) turbine; (S	S) suction	Pressure		
3. (a) If turbine, is leak detector present (Yes/No)  (1) If present, was lead seal intact? (Yes/No N/A)  (b) If suction, check valve located at? (T) tank (P) pump		Yes			
		N/A			
		N/A			
4. The numerical line	test results are? (gallons pe	r hour)	-0.04333		
5. Line tightness test	results?	(Pass/Fail)	Fail		
	Tank ID Associated to each I	Leak Detector			
Leak Detector Test Re	sults? (	(Pass/Fail)			

<sup>\*</sup> Inconclusive test results for tanks or piping will not be considered as valid tightness test for the purposes of complying with UST release detection regulations.

#### V. REQUIRED SIGNATURES

(800) 742-9620

I hereby attest, that I have been the Certified Supervisor present during the above listed testing activities, and to the best of my knowledge they have been conducted in compliance with all applicable state and federal laws, regulations and procedures, pertaining to underground storage tanks.

Persons submitting false information are subject to formal enforcement and/or penalties under Chapter 173.360 WA (

01/22/2009	James Hom	James Han	
D ate	Signature of Certified Supervisor	Printed Name	
N N			
D ate	Signature of Tank Owner/Authorized Representative	Printed Name	

I Fax (425) 645-7881 Job ID 11802

17407 59th Avenue SE, Snohomish, WA 98296-6307